SUMIT: COMPLETED APPLICATION, TAX Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAKTIEB CONTIN APPLICATION FOR PERMIT 092014

Permit #: 140402 17.7D 10.10

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Bayfield Co. Zoning Days.

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO

above described property at any rea Owner(s):	i (we) declare that this application (i am (are) responsible for the detail a may be a result of Bayfield County	Apring Sign			Rec'd for Issue in	\ \ \	☐ Municipal Use		***************************************	Commercial Use				X Residential Use			Proposed Use		Proposed Construction:	Existing Structure: (If perm			Reloc	14 MO Conv	XAddit		Value at Time of Completion * include donated time & material		X Non-Shoreland No A	one come	☐ Is Pro	Section 33, To		1/4, /	PROJECT Legal D	Authorized Agent. (retson signi	Contractor: Description	05 Gille	of Prop	3	Owner's Name:
reasonable time for the pulpose of inspection.		Other: (explain)	☐ Conditional Use: (explain)	cial Use: (explain)	a.v : ; s	Accessory Building A	Accessory Building	Mobile Home (manufactured date)		<u> </u>	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	Residence (i.e. capin, nur	Principal Struc			0	Existing Structure: (If permit being applied for is relevant to it)	×		Relocate (existing bidg) Basement		1 %	New Construction X 1-Story	Project # of Stories and/or basement	250 PR 1550	24 7 6 P. S.	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue —▶	, Township		1/4 Gov't Lot Lot(s)	Legal Description: (Use Tax Statement)	Autinized Agent. (reison signing Appincation on benan of owners))	or Application on babalt of Outport(1)	s Kd	>	Transis	
	OT STARTING CONSTRUCTION WITH ten examined by me (us) and to the best to providing and that it will be relied upon by widing in or with this application. I (we) o		Aye and the state of the state	The second secon	~, ,	tion/Alteration (specify)	(specify) REDICATE F	ectured date)	/, or ☐ sleeping quarters, or ☐	Garage	ick		rch		th Laft	structure on property)	Proposed Structure		Length:	Length: 28		n Circ			X Year Round	☐ Seasonal ☐	Use	TANA TO		I		w Eileen	Town of:	CSM Vol & Page	PIN: (23 digits) 04-030-3-47-05-		Agent Phone: Fininger:	7	City/State/Zip:	64505 Gilles Rd	Mailing Address:
	OUT A PERMIT WILL RESULT IN PENALTI of my (our) knowledge and belief it is true, cory gayfield County in determining whether to is consent to county officials charged with admit			ll i	16'wide	dd (2) New tos	TOTAL SOLAND		cooking & food prep facilities)										- 1	Width: 24	🚶 None		None Privy (Pit) of		2 (New) Sanitary	1 Municipal/City	# What Typ of Sewer/Sanita bedrooms Is on the pr			Distance Structure is from Shoreline :	Distance Structure is from Shoreline : fee		Lot	Lot(s) No. Block(s) No. Sub		ringining Addiess (incloses city/ state)	Plumper: Agapt Majling Addrocs (include City/State/7in).	5 4806			City/State/Zip:
ate 10-8-	ES rect and complete. I (we) acknowledge that I (we) ssue a permit. I (we) further accept liability which nistering county ordinances to have access to the	(x)	(x)	×)	8 = 84,914,86	×	<u> </u>	*		×		(X)	(x)	×	× ×	×	sions	33		Height: 37		ise collinately	Vaunea (min 200 gallon)	Specify Type: \$ 200 gallon)	Specify Type:		What Type of r/Sanitary System on the property?			he: □ Yes	Is Property in Floodplain Zone?	(1)	Lot Size Acreage	Subdivision:	Recorded Document; (i.e. Property Ownership) Volume 202 Page(s) 253	Attached	7in). Written Authorization	113" JO 1" 1806	Cell Phone:	54806 715-74	
14	e that I (we) sbility which ccess to the				,96		23	1									Footage	5	× (2)	1				<u>ا</u> کی	1	□ City	Water			X ⊏ No res	Are Wetlands Present?	Cui			y Ownership)	No Resident	horization	1966	443	715-746-2574	ephone:

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

bours

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2)

Reg

E

Address to send permit

Authorized Agent:

(If there are Multiple Ow

All Owr

must sign or letter(s) of authorization must accompany this application)

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Please complete (1) -- (7) above (prior to continuing)

8 Setbacks: (measured to the closest point) Changes in plans must be approved by the Planning & Zoning Dept.

		Feet		Setback to Privy (Portable, Composting)
		Feet		Setback to Drain Field
/ν/\ Feet	Setback to Well	Feet		Setback to Septic Tank or Holding Tank
Feet	Elevation of Floodplain	Feet	800	Setback from the East Lot Line
☐ Yes ☐ No	20% Slope Area on property	Feet	106	Setback from the West Lot Line
Feet	Setback from Wetland	Feet	795	Setback from the South Lot Line
		Feet	5/6	Setback from the North Lot Line
Feet	Setback from the Bank or Bluff			
Feet	Setback from the River, Stream, Creek	Feet	1000+	Setback from the Established Right-of-Way
Feet	Setback from the Lake (ordinary high-water mark)	Feet	1000+	Setback from the Centerline of Platted Road
Measurement	Description	ient	Measurement	Description

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback other previously surveyed corner or marked by a licensed surveyor at the owner's expense. must be measured must be visible from

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Income The Income The Income Town, Village, City, State or Federal agencies may also require permits.

		1			, 			200 000			
Hold For Sanitary: Hold For TBA:	Signature of Inspector:	committee into purposes who never they permit	Condition(s): Town, Committee or Board Conditions Attached? I Yes I No -(If No they need to be attached.) SHAW NOT FX USED FOR HAW	Date of Inspection: 10 22 + 10 - 23 44 Inspected by	Inspection Record:	Was Parcel Legally Created → ClYes □ No Was Proposed Building Site Delineated □ Yes ▷ No	Granted by Variance (B.O.A.)	Is Parcel a Sub-Standard Lot	Permit #: 14-0403	Permit Denied (Date):	Issuance Information (County Use Only)
Hold For Affidavit:		S W/O NECESTIC	acfied? 『Yes 『No-(If <u>No</u> they need to be attached.) イソステン オンス 十ルペー・イン	Unspected by COON BARS MUL			/ Previously Granted	avous Lot(s)) / UNo Mitigation Required / UNo Mitigation Attached	Permit Date: 10-24-14	Reason for Denial:	Sanitary Number:
Hold For Fees:		N DERW	tached.)	※一下 ふらせん		Were Property Lines Represented by Owner Was Property Surveyed	Previously Granted by Variance (B.O.A.) O Yes: GNo	d Yes No			# of bedrooms:
	Date of Approval:	ā	BITATION,	Date of Re-Inspection:	Zoning District Lakes Classification	□ Yes	#	Affidavit Required Affidavit Attached			Sanitary Date:
	val: 0 ~ 7		Z Z	tion:	表			□ Yes			
	Tr.		12			X		N S			

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

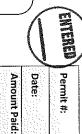
Bayfield County
Planning and Zonling Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

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Permit #:

Refund:

OCT 09 2014

10.01.14

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	Section 12 , Township 47 N, Range 5 W	NE 1/4, NE 1/4 Gov't Lot Lot(s) CSM Vol	PROJECT Legal Description: (Use Tax Statement) PIN: (23 digits) 04-020-2-	Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone:	Contractor: Contractor Phone: (715)292-8183	Address of Property: 30915 St. HWY 137 City/State/Zip: ASKIAND, WIE	Owner's Name: Mailing Address: TERRY + Shirely Neutruss 30915 St.	Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. TYPE OF PERMIT REQUESTED. AUDITOR TYPE OF PERMIT REQUESTED. CONDITION
Distance Structure is from Shoreline:	Town of: Lot Size Acreage Acreage	Vol & Page Lot(s) No. Block(s) No. Subdivision: 471 - 23) 193 B Inc. Inc.	PINI: (23 digits) Recorded Document: (i.e. Property Ownership) Recorded Molume 471-34 Page(s) : 25	Agent Mailing Address (include City/State/Zip): Attached Yes No	Plumber: Plumber Phone:	d, WI 54806 Cell Phone:	Mailing Address: City/State/Zip: 4506 (715)683-435	AL USE SPECIAL USE B.

☐ Shoreland

☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage

If yes---continue

Distance Structure is from Shoreline:

Floodplain Zone?

Present?

XNon-Shoreland						
Value at Time of Completion * include donated time &	Project Dec.K	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
	New Construction	X1-Story	igstyle igstyle Seasonal	1	☐ Municipal/City	□ City
·	☐ Addition/Alteration	☐ 1-Story + Loft	Year Round	□ 2	☐ (New) Sanitary Specify Type:	Xwell
2 2 2 2 3 3 4 4 4 4 4 4 4 4 4 5 4 5 7 7 7 7 7 7 7 7	☐ Conversion	□ 2-Story		□ 3,	X Sanitary (Exists) Specify Type: 州eldikg	
	☐ Relocate (existing bldg)	☐ Basement		N V	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	
	Run a Business on	□ No Basement		□ None	☐ Portable (w/service contract)	<u> </u>
	Property	☐ Foundation			☐ Compost Toilet	<u> </u>
	The state of the s				None	
Existing Structure	Existing Structure: (if permit being applied for is relevant to it)	or is relevant to it)	Length:		Width: Height:	
Proposed Constru	Proposed Construction: トル、メール、レビに入	00 ×	Length:	-	Width: Height:	MX S
		a de la constitució de la cons	Dyspacod Structure		Dimensions	Square
et obosen ose		Principal Structure (first structure on property)	ture on property)	21	-	Footage
	☐ Residence	Residence (i.e. cabin, hunting shack, etc.)	shack, etc.)		(X)	
		with Loft			(x)	
Residential Use	Se	with a Porch			(X)	
•		with (2 nd) Porch		- Particular and a second	(X)	
		with a Deck			(×)	
		in the land			~	

				7
- Constitution of the Cons		Dropping Charles and the control of	Dimensions	Square
Proposed Use	∢	Floposed Structure	Children	Footage
		Principal Structure (first structure on property)	(×)
		Residence (i.e. cabin, hunting shack, etc.)	×	
		with Loft	×	
Residential Use		with a Porch	×)
- 1		with (2 nd) Porch	×)
1		with a Deck	×)
		with (2 nd) Deck	X)
☐ Commercial Use		with Attached Garage	(×	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	(×)
		Mobile Home (manufactured date)	×)
_	×	Addition/Alteration (specify)	· it	20
☐ Municipal Use		Accessory Building (specify)	×)
,		Accessory Building Addition/Alteration (specify)	×)
THE REAL PROPERTY AND ADDRESS OF THE PARTY AND		7		
Hec a for Issuance		Special Use: (explain)	×	
		Conditional Use: (explain)	×	
UG 64 28 4		Other: (explain)	×)
Secretalial Staff am (are) responsible for the detail	(including	Secretal Ital Staff FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES FINE december that International Individual Individua	ssue a permit. I (we)	l acknowledge that I (we) her accept liability which
may be a result of Bayfield Count above described property at any re	ty relying easonable	may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administer above described property at any reasonable time for the purpose of inspection.	nistering county ordinand	ing county orginances to have altress to the
	•			

(If there are Multiple Ownery Isted on the Deed Mowners must sign or letter(s) of authorization must accompany this application) the least 3 Date 0 S. hior

Owner(s):

Chris

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter

of authorization

must accompany this application)

Address to send permit

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Issuance Permit Deni Permit Deni Is Parcel in Is Struct Granted by Yes II N Was Propo Inspection I Date of Inst Condition(s NAWA Hold For Sa	Setback	Slope Lot Line
(9) Stal 10/54 For Issuance Informati Permit Denied (Date): Permit Denied (Date): Is Parcel in Common Oo Is Structure Non-Cool Is Structure Non-Cool Is Parcel in Common Oo Is Structure Non-Cool Is Parcel in Common Oo Is Structure Non-Cool Is Parcel in Spection: Was Proposed Buildin Inspection Record: Inspection: Condition(s):Town, Corl Condition(s):Town, Corl Signature of Inspector:	Please complete the complete that the ethack from the ethack to Septiestock to Drain ethack to Privy or to the placement or t	500x bg (2) (3) (3) (4) (4)
NOTE A-0/54 For The Const Issuance Information (Cou Permit Denied (Date): Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Granted by Variance (B.O.A.) Vas Proposed Building Site Dell Inspection Record: ACO Was Proposed Building Site Dell Inspection Record: ACO Condition(s):Town, Committee o Nave Signature of Inspector: Signat	Please complete (1) – (7) aby The Ref (8) Setbacks: (me Description Description Setback from the Centerline of F Setback from the Established Rip Setback from the North Lot Line Setback from the West Lot Line Setback from the East Lot Line Setback from the East Lot Line Setback to Septic Tank or Holdin Setback to Privy (Portable, Comp nor to the placement or construction of a stru Thor to the placement or construction of a stru prior to the placement or construction of a stru The previously surveyed corner to the other pre- proviously surveyed corner to the other pre- proviously surveyed corner to the other pre- proviously surveyed corner to the other properties of the placement or construction of a stru The previously surveyed corner to the other properties of the placement or construction of a stru The previously surveyed corner to the other properties of the placement or construction of a stru The previously surveyed corner to the other properties of the placement or construction of a struction of a st	Show Location Show Location Show Location Show Location Show: Show: Show any (*):
NOTICE: All Land Use Information (County Use Only) Permit # LACY Permit Benied (Date): Permit # LACY Pers (Deed of Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Fused/K) Is Structure Non-Conforming Yes (Fused/K) Is Structure Non-Conforming Yes Tused/K Is Parcel by Variance (B.O.A.) Case #: Was Parcel Legally Created Yes Was Proposed Building Site Delineated Yes Was Proposed Building Site Delineated Yes Date of Inspection: D - D - D - D - D - D - D - D - D - D	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Setback from the North Lot Line Setback from the West Lot Line Setback from the East Lot Line Setback from the Fast Lot Line Setback to Septic Tank or Holding Tank Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten other previously surveyed corner to the other previously surveyed corner to th	Show Location of: Show Location of: Show / Indicate: Show cocation of (*): Show: Show: Show any (*): Show any (*): The compare to the compar
Proposed Loc All Land Use Protion Of New On The loc The	cs: (measured to the closest ption ne of Platted Road hed Right-of-Way ot Line ot Line t Line t Line cot Line ot Line ot Line ot Line ot Line ot Line tholding Tank holding Tank no is structure within ten (10) feet of the marked by a licensed surveyor at the owner of a structure more than ten (10) feet but e other previously surveyed corner, or veriously surveyed	ch your Property (ree of: Proposed C North (N) c Nort
In Dead Conditions Attached?	Please complete (1) – (7) above (prior to continuing) ### Setbacks: (measured to the closest point) Description Measure Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Setback from the South Lot Line Setback from the West Lot Line Setback from the West Lot Line Setback from the East Lot Line Setback from the East Lot Line Setback to Drain Field Setback to Drain Field Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (10) feet of the minimum req other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than the one previously surveyed corner to the other previously surveyed	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (All Existing Structures on your Prope (*) Well (W); (*) Septic Tank (ST); (*) (*) Lake; (*) River; (*) Stream/Creek; (*) Wetlands; or (*) Slopes over 20% ** ** ** ** ** ** ** ** **
Sof New Construction of New Construction (1) Yea to Family Dwelling: On Family Dwelling: No Family Number: Reason for Denial: Reason for Denial: Permit Date: Denial: Permit Date	Measurement Measurement Measurement F D F D F S F S F S F S F T S F T T T T T T T T T T T T	struction lot Plan and (*) Froi ructures on (*) Septic T iver; (*) Sto or (*) Slop
Construction, Sep Construction, Sep (1) Year from the Owelling: ALL Mun City, State or Fede umber: And	Feet Feet Feet Feet Feet Feet Feet Feet	Intage Road (Nantage Road (Nant (ST); (*) Dur ream/Creek; on es over 20%
NOTICE: All Land Use Permits Expire One (1) Year From the Date of Issuand Footh Hoding Tank (HT), Privy (P), and Well (W). For The Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State of Federal agencies may also require permits. The local Town, Village, City, State of Federal agencies may also require permits. Assumership See (Insed/Contiguous Lot(s)) Formit Date: 1) - 24-114 Wes (Deed of Record) Permit Date: 1) - 24-114 Yes (Deed of Record) Permit Date: 1) - 24-114 Wes (Deed of Record) Permit Date: 1) - 24-114 Wes (Pused/Contiguous Lot(s)) Formit Date: 1) - 24-114 Wes (Pused/Contiguous Lot(s)) Formit Date: 1) - 24-114 Wes (Pused/Contiguous Lot(s)) Formit Date: 1) - 24-114 Wes (Pused/Contiguous Lot(s)) Permit Date: 1) - 24-114 Personance Legally Created Yes (Insed/Contiguous Lot(s)) Formit Date: 1) - 24-114 Wes (Popertry Lines Represented by Owner Required Tyes (Insed/Contiguous Lot(s)) Was Proportry Surveyed Tyes (Insed/Contiguous Contiguous Lot(s)) Formit Date: 1) - 24-114 Formit Date: 1) - 2	Please complete (1) – (7) above (prior to continuing) Changes in plans must be a setback from the Centerline of Platted Road Setback from the Established Right-of-Way Setback from the Established Right-of-Way Setback from the South Lot Line Setback from the South Lot Line Setback from the West Lot Line Setback from the East Lot Line Setback from the East Lot Line Setback from the East Lot Line Setback to Septic Tank or Holding Tank Setback to Privy (Portable, Composting) Setback	(1) Show Location of: (2) Show / Indicate: (3) Show / Indicate: (4) Show work / Indicate: (5) Show: (6) Show: (7) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and (*) Show any (*): (*) Wetlands; or (*) Stream/Creek; or (*) Pond (7) Show any (*): (*) Wetlands; or (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Stream/Cr
in the Date of Issuance if Construction or Use has required particles are Required To Enforce The Uniforderal agencies may also require permits.	Changes in plans must be as Setback from the Lake (ordinary high-wasetback from the Bank or Bluff Setback from Wetland 20% Slope Area on property Elevation of Floodplain Setback to Well Setback to Well Setback to Well Setback to Well	ontage Roa ild (DF); (*)
# of bedrooms: # of bedrooms: # of bedrooms: Ves Nu Ves Nu Ves Nu Was Property Ched. Hold For Fees:	Changes in plans must be Description The Lake (ordinary high-verthe River, Stream, Creek the Bank or Bluff Ba on property oodplain oodplain Ill Ill Ithe setback must be measured measur	Holding Tank
Theid (DF), Holding Tan Construction or Use has incred To Enforce The Unific or require permits. of bedrooms: Yes No Yes No Yes No Case Represented by Owner Was Property Surveyed JUNCH TOTAL JENNO	on ary high-wa ary high-wa m, Creek Iff	Tank (HT) at
Affidavit Affidavit Affidavit Affidavit Affidavit Affidavit Case #: Case #: Case #: Date of Date of		nd/or (*) Privy (P)
Affidavit Required Affidavit Attached Affidavit Att	Athe Planmi	rity (P)
sanitary Date: 4442 Sanitary Date: 4442 Fridavit Required Pres fridavit Attached Pres Pres Date of Re-Inspection: Date of Re-Inspection: Date of Approval: 0 - 2	ter mark) Measurement Feet Feet Yes No Feet No No No Feet No No No Feet No	264
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